			Ase in Mari	n strandening		经验验 医皮肤炎	VIII I	A	pplication	or D	ocket Num	ber
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												
Effective October 1, 2000												
		CLAIMS AS	李林斯 国民发表的行政	that was a series	em Carlotte	nn 2) ∜		SMALL EI	ひょうしん ごしゃ きてきい イプンド	OR	OTHER	ATTENDED TO THE PARTY OF
ΤC	TAL CLAIMS		NEEDY WAX				-	RATE	FEE		RATE	FEE
FO	R . Z . Z . Z		NUMBER	The State of the	NUMBI	ER EXTRA		BASIC FEE	A CHARLES IN FRESHOLD THE	OR	BASIC FEE	710.00
TO	TAL CHARGEA	BLE CLAIMS	30 min	ius 20=	. 10	THE TOTAL	14	X\$ 9=	90		X\$18=	70
2015/97 de 27 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				nus 3 =	• ^			X40=	90.	OR	A STATE OF THE STATE OF	學的改變
MULTIPLE DEPENDENT CLAIM PRESENT								∧4 0=		OR	X80=	\$ 10 mm
100			+135=		OR	+270=						
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	445	OR	TOTAL	4.74
	CLAIMS AS AMENDED - PART II								ENTITY	ÓR	OTHER SMALL	the sale of the sa
17.25	在EPROTOPEST 11963	(Column 1) CLAIMS		(Colum	EST	(Column 3)		SIIALL.	ADDI-			ADDI:
NDMENT A		REMAINING AFTER AMENDMENT		PREVICE PAID	DUSLY.	PRESENT EXTRA	100	RATE	TIONAL		RATE	TIONAL
DME	Total 1	CAMENDALIA	Minus	**			學學	X\$ 9=		OR	X\$18=	
MEN	Independent		Minus	*****	7.76	= 4-1,45°	1	X40=	42741703 707477	業	X80=	科英可能
₩.	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM				単一 1	OR	STANTA SOUTH	建设施
									7.47	OR	+270=	
									مريم والمحاسب المراسب	OR	ADDIT. FEE	* (*J.E.)
基		(Column 1)		(Colur		(Column 3)	١,					一段的大学
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						╽	+135=			+270=	
	×						L	TOTAL		OR	TOTAL	
		(O tomo 4)		'Oslum	2)	(0.1		ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1) CLAIMS		(Colur HIGH	IEST .	(Column 3)	1 г		4001			1001
MENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	Hara Arta	Minus	**	. W (· ·	= *		X\$ 9= -	weds raps &	OR	X\$18=	1. 1. 3.8
VME	Independent	****	Minus	***		= -]	X40=		- 40	X80=	
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	rne Hignest Num	iber Previously Pai	a For (lotal of	rinaepena	ent) is the	nignest numb	er tou	nd in the app	propriate bo	x in co	numn I.	0